

BOS AGREEMENT NO. 24-028-A1

AMENDMENT #1

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| Original Agreement | BOS-24-028 |
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-24-028**

This Amendment to Agreement No. BOS-24-028 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Humboldt State University Sponsored Programs Foundation**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-028 was entered into on January 1, 2024 (the "Initial Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this Amendment will become part of the Initial Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to update the Exhibit B, Payment Terms, moving funds from underutilized allowances to other active line items.


NOW, THEREFORE, we agree as follows:

1. The Exhibit B, Payment Terms, set out in the Initial Agreement is hereby altered and a new Exhibit B is attached herein.

All other terms and conditions of the Initial Agreement shall remain in full force and effect.

IN WITNESS WHEREOF


DEPARTMENT FISCAL REVIEW:

By: 
Jerine Miller, Psy.D.
Director of Health Services

Date: 5/12/25

Budgeted: Yes
Budget Unit: 4049
Line Item: 86-2239
Org/Object Code: SU0MIP
Grant: Yes
Grant No.: 7438- BHWD- Mendocino County
(MIPR2)-01G (MIPMCN1)


COUNTY OF MENDOCINO

By: 
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 06/03/2025


ATTEST:

DARCIE ANTLE, Clerk of said Board

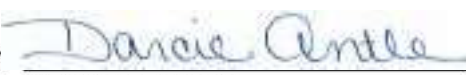
By: 
Deputy 06/03/2025

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 06/03/2025

INSURANCE REVIEW:

By: 
Risk Management

Date: 04/25/2025

CONTRACTOR/COMPANY NAME

By: 
Kacie Flynn, Executive Director

Date: 05/04/2025

NAME AND ADDRESS OF CONTRACTOR:

Humboldt State University
Sponsored Programs Foundation
1 Harpst Street
Arcata, CA 95521-8299
(707) 826-4567
Jlk45@humboldt.edu

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: 
COUNTY COUNSEL

Date: 04/25/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 04/25/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB-23-09
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County

EXHIBIT B

PAYMENT TERMS

COUNTY will pay CONTRACTOR as per the following instructions:

- A. CONTRACTOR will submit invoices on a monthly basis in compliance with the budget chart below; COUNTY will reconcile invoices to payments issued and actual/billable costs.

| Cal Poly Humboldt University | Detail | Allowance | Total Allowance for the Term of Agreement |
|---|--|--|--|
| Mentored Internship Program University Personnel Non Benefited | Funding to reimburse University staff for time spent on outreach, application processing, and ongoing communication with student intern candidates | Faculty Lead Professor Outreach | \$42,088.38 |
| Intern Salary Graduate and Undergraduate | | Student interns (Student interns (\$20/hr for undergrad; \$23/hr for grad) | \$49,440 |
| Fringe Benefits Intern and University Personnel | | | \$5,735.77 |
| Hospitality for Meetings | Intern Recruitment | | \$3,798.31 |
| Duplication/Printing | Recruitment materials | | \$2,612 |
| Indirect | | | \$37,685 |
| Internship Financial Assistance | Detail Per Intern | Allowance | Total Allowance for the Term of Agreement |
| Course Materials | Textbooks, office supplies, tuition, other | \$0 per quarter | \$0 |

| | | | |
|---------------------|---|-----|---------|
| | educational materials | | |
| Travel Costs | Travel to and from Arcata as needed, up to two times per student per semester | | |
| Travel | Mileage for management team | | \$4,000 |
| Mileage | Round Trip to CPHU = 334 @ \$0.56 | \$0 | \$0 |
| Hotel | Room & Board \$129 per Night (State Rate) | \$0 | \$0 |
| Per Diem | Meals \$74 per Day | \$0 | \$0 |
| Local Travel | .56 per mile | \$0 | \$0 |

- B. Invoices are payable within thirty (30) days of receipt. CONTRACTOR will submit invoices to:

Behavioral Health and Recovery Services
1120 S. Dora Street
Ukiah, CA 95482
Attn: Jenine Miller

- C. Documented proof of billable costs (receipts, mileage logs) is required for reimbursement.
- D. Payments under this Agreement shall not exceed One Hundred Forty-Five Thousand Three Hundred Sixty Dollars (\$145,360) for the term of this Agreement.

[END OF PAYMENT TERMS]